

# MONTANA MEDICAID PAYER SHEET

Effective January 12, 2004

## Montana Medicaid

BIN # :	610084
DESTINATION:	ACS, Inc./CONSULTEC
ACCEPTING:	CLAIM ADJUDICATION AND CLAIM REVERSALS
FORMAT:	NCPDP 3C

## 1. Data Elements NCPDP 3C

HEADER INFORMATION						
FIELD NUMBER	NAME OF FIELD	FORMAT	FIELD LENGTH	START POSITION	VALID VALUE / FORMAT	REQUIRED STATUS
101	Bin Number	N	6	1	610084	Required
102	Version/Release Number	A/N	2	7	3C	Required
103	Transaction Code	N	2	9	01-04 Rx Billing 11 Rx Reversal 24 Rx Downtime Billing 31-34 Rx Re-Billing	Required
104	Processor Control Number	A/N	8	11	DRRXPRODMT - For Production claims DRRXACCPMT - For test claims (IF USING WEBMD/ENVOY SWITCH REFER TO WEBMD/ENVOY FOR PCN)	Required
201	Pharmacy Number	A/N	12	21	7 digit NCPDP/NABP number	Required
301	Group Number	A/N	15	33	1509040	Required
302	Cardholder ID Number	A/N	18	48	Medicaid ID Number as found on the Medicaid ID card	Required
303	Person Code	A/N	3	66		Optional
304	Date of Birth	N	8	69	CCYYMMDD	Optional
305	Sex Code	N	1	77	1 = Male 2 = Female 3 = Unspecified	Optional
306	Relationship Code	N	1	78		Optional
308	Other Coverage Code	N	1	79	0 = Not specified 1 = No other coverage exists 2 = Other coverage exists – payment collected 3 = Other coverage exists – this claim not covered 4 = Other coverage exists – Payment not collected	Required
401	Date Filled	N	8	80	CCYYMMDD	Required
310	Patient First Name	A/N	12	100		Optional
311	Patient Last Name	A/N	15	115		Optional

CLAIM INFORMATION						
FIELD NUMBER	NAME OF FIELD	FORMAT	FIELD LENGTH	START POSITION	VALID VALUE / FORMAT	REQUIRED STATUS
402	Prescription Number	N	7	131		Required
403	New/Refill Code	N	2	138	ØØ = New Prescription Ø1 to 99 = Number of Refill	Required
404	Metric Quantity	N	5	140		Not used
405	Days Supply	N	3	145	Estimated number of days the prescription will last.	Required
406	Compound Code	N	1	148	Compound medications may be billed using dummy NDCs in the range 00888-0330-00 through 0888-0330-99.	Optional
407	NDC Number	N	11	149		Required
408	Dispense as Written (DAW)	A/N	1	160	Only code '1' is accepted.  This field is only required when billing for a brand name drug that has a generic equivalent	Required
409	Ingredient Cost	D	6	161	s\$\$\$\$cc	Required
411	Prescriber ID	A/N	10	167	DEA #, if the DEA # is unknown – use the first 9 characters of the prescriber's last name	Required
414	Date Prescription Written	N	8	177	CCYYMMDD	Required
426	Usual & Customary Charge	D	6	185	s\$\$\$\$cc  Should include the pharmacy professional fee, if applicable.	Required
416	Prior Authorization / Medical Certification Code and Number	N	12	194	VNNNNNNNNNNN  V = Medical Certification Code (Must be left justified in the full field N= PA number.  A '4' is required if the patient is exempt from copayment, pregnancies, family planning prescriptions and emergencies. All under age 21 recipients and Nursing Home recipient exemptions are automatically set by the system.	Optional
429	Unit Dose Indicator	N	1	223	'3' = in –house unit dosed prescribed	Optional
431	Other Payor Amount	D	6	224	S\$\$\$\$cc – used for TPL	Conditional
439	DUR Conflict Code	A/N	2	263		Optional
440	DUR Intervention Code	A/N	2	268		Optional
441	DUR Outcome Code	A/N	2	273		Optional
443	Primary Payor Denial Date	N	8	275	CCYYMMDD  Required when Other Coverage Code equal 2,3,4. The payment or denial date is entered in this field.	Conditional

## Other Information

- An optional data element means that the user should be prompted for the field but does not have to enter a value.
- Duplicate claims will be rejected with an 83 error (claim has been paid)
- DUR information, if applicable, will appear in the message text of the response
- **Compound Code** – All compound prescriptions must be billed with dummy NDC numbers from 00888-0330-00 through 00888-0330-99.

- **Dispense as Written** – This field is only required whenever billing for brand name drugs that have generic equivalents.
- **PA/MC Code and Number** – A '4' is required if the patient is exempt from copayment due to pregnancies, family planning prescriptions and emergencies. All under age 21 recipients and Nursing Home recipient exemptions are automatically set by the system.